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.  TRANSMITTAL FORM  (to be used for all correspondence after initial filing)			Application	09/646,811				
			Filing Date	09/22/00				
			First Named	Trinkies				
			Group Art Unit					
			Examiner Name					
Total Number of Pages in This Submission			Attorney Docket Number	BATG-5				
		ENCLOS	URES (check all that apply					
Extension of T  Express Aban  Information Di  Certified Cop Document(s)  Response to Incomplete A	ached  Response  Final  vits/declaration(s)  Time Request  donment Request  sclosure Statement  y of Priority  Missing Parts/ upplication	Drawing  Licensin  Petition and Acc  To Conv Provisio Change Address Termina  Small E	g-related Papers  Routing Slip (PTO/SB/69) companying Petition vert a conal Application of Attorney, Revocation of Correspondence	After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Additional Enclosure(s) (please identify below):  1. RETURN POSTCARD 2. A COPY OF MISSING REQUIREMENTS NOTICE 3. TRANSMITTAL LETTER 4. PRELIMINARY AMENDMENT 5. FEE TRANSMITTAL FORM 6. CREDIT CARD PAY. FORM 7. A COPY of original claims published in PCT Application				
Parts	Response to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGNATU	RE OF APPLIC	CANT, ATTORNEY, OR AG	ENT				
Firm or Individual name	John F. Salazar, Reg. No. 39,353		12/08/2000 EI 01 FC:156	RIMANDO 00000023 09646811 130.00 DP				
Signature	Signature Sals							
Date /2/4/00								
	CERTIFICATE OF MAII ING							
I hereby certify that this correspondence is being deposited addressed to: Assistant Commissioner for Patents, Washin								
Typed or printed name Dynn Minton  Date  Date								
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PTO/SB/17 (09-00)
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## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

130.00 (\$) TOTAL AMOUNT OF PAYMENT

Signature

Complete if Known				
Application Number	09/646,811			
	09/22/00			
First Named Inventor	Trinkies			
Examiner Name				
Group Art Unit				
Attorney Docket No.	BATG-5	_		

METHOD OF PAYMENT	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
indicated fees and credit any overpayments to:	arge EntitySmall Entity ee Fee Fee Fee Fee	Description Fee Paid				
Deposit Account	ode (\$) Code (\$)	Description   Tee t and				
Number	05 130 205 65 Surcharge - late	filing fee or oath				
Deposit Account Name	27 50 227 25 Surcharge - late cover sheet	provisional filing fee or				
Charge Any Additional Fee Required	39 130 139 130 Non-English spe	cification				
Under 37 CFR 1.16 and 1.17	147 2,520 147 2,520 For filing a requ	est for ex parte reexamination				
Applicant claims small entity status. See 37 CFR 1.27	112 920* 112 920* Requesting pub Examiner action	lication of SIR prior to				
2. X Payment Enclosed: Check X Credit card Order Other	Examiner action 113 1,840* 113 1,840* Requesting pub Examiner action	lication of SIR after				
	115 110 215 55 Extension for re	ply within first month				
FEE CALCULATION	116 390 216 195 Extension for re	ply within second month				
1. BASIC FILING FEE	117 890 217 445 Extension for re	ply within third month				
Large Entity Small Entity Fee Fee Fee Fee Description	118 1,390 218 695 Extension for re	ply within fourth month				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid		ply within fifth month				
101 710 201 355 Utility filing fee	119 310 219 155 Notice of Appea	al				
106 320 206 160 Design filing fee		support of an appeal				
107 490 207 245 Plant filing fee	121 270 221 135 Request for ora					
108 710 208 355 Reissue filing fee		ute a public use proceeding				
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to reviv					
<b>SUBTOTAL (1)</b> (\$) 0	140 110 210 ==	e - unintentional				
	142 1,240 242 620 Utility issue fee					
2. EXTRA CLAIM FEES	143 440 243 220 Design issue fe	е .				
Extra Claims below Fee Paid	144 600 244 300 Plant issue fee					
Total Claims -20** = X = I	122 130 122 130 Petitions to the	Commissioner				
Claims	· <del>-</del>	d to provisional applications				
Multiple Dependent	<del></del>	Information Disclosure Stmt				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	581 40 581 40 Recording eacl	n patent assignment per number of properties)				
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20		sion after final rejection				
102 80 202 40 Independent claims in excess of 3	149 710 249 355 For each addit	ional invention to be				
104 270 204 135 Multiple dependent claim, if not paid	examined (37	CFR § 1.129(b))				
109 80 209 40 ** Reissue independent claims over original patent		ontinued Examination (RCE)				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	of a design ap					
SUBTOTAL (2) (\$) 0	Other fee (specify) Translat					
SUBTUTAL (2)	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 130.00					
**or number previously paid, if greater; For Reissues, see above						
SUBMITTED BY  Complete (if applicable)  Registration No. 30 353  Telephone (502)584-113						
Name (Print/Type) John F. Salazar	Registration No. 39,353 (Attorney/Agent)	Telephone (502)584-113				
Signature De La Constitution	_	Date 12/4/09				

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